TICE OF APPEAL FROM THE EXAMINER TO THE ARD OF PATENT APPEALS AND INTERFERENCES		Docket Number (Optional) 740756-875		
CERTIFICATE OF MAILING OR TRANSMISSION [37 CFR 1.89(a)]	In re Application of Shunpei YAMAZAKI			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, or being facsimile transmitted to the USPTO at, on	Application Number 08/065,757		57	Filed May 24, 1993
	For SUPERCONDUCTING CERAMICS			
ignature:	Group Art Unit 175	roup Art Unit 1755 Examiner Ca		1 Kosłow
Applicant hereby appeals to the Board of Patent Axaminer.	Appeals and Inter	ferences	from the decisi	ion of the
The fee for this Notice of Appeal is (37 CFR 1.17	7(b))			\$340.00
Applicant claims small entity status. See 37 shown above is reduced by half, and the result		fore, the	fee	\$
A check in the amount of the fee is enclosed.				
Payment by credit card. Form PTO-2038 is a	attached.			
The Commissioner has already been authoriz Deposit Account. I have enclosed a duplicate	_	_	plication to a	
The Commissioner is hereby authorized to chany overpayment to Deposit Account No. 19-copy of this sheet.				credit
A petition for an extension of time under 37	CFR 1.136(a) (PT	O/SB/22) is enclosed.	
WARNING: Information on this form ma be included on this form. Provide credit ca				
I am the		7/1		1.
☐ applicant/inventor.	C./		Signature	
assignee of record of the entire interest. 3.71. Statement under 37 CFR 3.73(b) is (Form PTO/SB/96)		J	~- <u>~</u>	
☑ attorney or agent of record	<u>Jeff</u>	rey L. Co		
attorney or agent acting under 37 CFR 1. Registration number if acting under 37 CFR 1.34(a)		T	yped or printed October 5, 2	
NOTE: Signatures of all the inventors or assignees of rec multiple forms if more than one signature is required, see	cord of the entire interests below*.	est or their	representative(s) a	re required. Submit

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forms are submitted.

□ *Total of

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